

REQUEST FOR HEARING

Fill out this form **ONLY** if you disagree with a decision concerning your benefits.

If you disagree with the action of the local department, you are entitled to discuss it with a supervisor.

We will help you fill out this form or you can ask for a hearing by calling 1-800-332-6347.

1. Tell us who you are. Fill in the blanks in this box and complete boxes 2-4. Please print clearly.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code _____ Phone Number () _____

Your local office name: _____ Your Social Security Number: _____

2. Which programs do you want to appeal? (Check all that apply)

Medical Assistance (MA)

_____ Community MA

_____ Long Term Care MA

Your Representative's Name: _____

_____ Maryland Children's Health Program (MCHP)

Parent or Guardian's Name: _____

___ I receive other benefits

___ I do not receive any other benefits

___ Qualified Medical Beneficiary (QMB/SLMB)

___ Other _____

Family Investment/Social Services Programs

_____ Temporary Cash Assistance (TCA)

_____ Food Stamps (FS)

_____ Purchase of Care (POC – Child Care)

_____ Transitional Emergency Medical
and Housing Assistance (TEMHA)

_____ Foster Care (FC) and/or Adoptions

_____ Emergency Assistance (EA)

_____ Public Assistance to Adults (PAA)

_____ Overpayment of TCA

_____ Overissuance of Food Stamps

_____ Other _____

3. What are the reasons you want a hearing?

___ I was not allowed to apply.

___ My application was turned down.

___ My application was not handled properly.

___ I am not receiving the services that I need.

___ The amount of assistance I receive is wrong.

___ My assistance has been incorrectly
suspended, reduced, or terminated.

___ I do not agree that I should pay back assistance
I received.

If you received a notice about this, what is the date on the notice? _____

Why do you want a hearing? Please tell us what happened. _____

4. I understand if I ask for a hearing within 10 days from the date of the notice and I was receiving benefits, I can still get them while I wait for my hearing unless my benefits period ends. I may have to pay back the benefits if I lose my appeal.

☐ Check here if you do **not** want benefits while you wait for your hearing.

Signature

Date

FOR AGENCY USE ONLY

Department: _____ Local Office: _____ Date Appeal Received: _____

Case Name: _____ Case Number: _____

Appeal based on notice sent: _____ Effective: _____ Conference held? Y _____ N _____

Benefits pending? Y _____ N _____ Reason: _____

Case record attached? Y _____ N _____ Reason: _____

Worker: _____ Supervisor's Approval: _____ Date: _____

FOR APPEAL UNIT USE ONLY

Appeal Rep: _____ Date: _____

Category: _____ Transmitted by: _____

Office of Administrative Hearings
Administrative Law Building
11101 Gilroy Road
Hunt Valley, MD 21031-1301

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HOW TO HAVE A HEARING IF YOU THINK WE ARE WRONG

➤ **How do I request a hearing?**

Use the form on the back of this page.

Bring the form to your local office

The name of your local office is in the upper right corner of the notice.

OR, mail the form to the Office of Administrative Hearings.

Use the enclosed envelope.

Make sure the address at the top of this page shows through the envelope window.

If you don't want to fill out the form

Come to your local office. We will help you.

Call your case manager or call 1-800-332-6347.

➤ **How long do I have to request a hearing?**

You must ask for a hearing no later than **90 days** after the date of the notice.

➤ **How can I still get my benefits while I wait for my hearing?**

If you ask for a hearing no later than **10 days** after the date of the notice and you were getting benefits, you can get your benefits while you wait, unless your benefit period ends.

➤ **Will I owe any money if I get my benefits while I wait?**

Yes, if the judge agrees with us and you lose your appeal, you may have to pay back benefits.

➤ **When and where will the hearing be?**

The Office of Administrative Hearings will send you a notice telling you the time and place of your hearing.

➤ **Do I have to come to the hearing?**

Yes, you will lose if you do not come. If you can't come, call the Office of Administrative Hearings and they will let you know how to reschedule your hearing.

➤ **Can I bring someone to help me or speak for me?**

You can bring a lawyer, friend or relative. If you want free legal help, call your local office or call Legal Aid at 1-800-999-8904.

➤ **How can I prepare for the hearing?**

You can see your file, including your computer file, at your local office and talk with us about this decision. Please call to make an appointment. We will send you our reasons for the decision you are appealing at least 6 days before the hearing.

Si necesita ayuda para llenar el formulario favor de llamar al 1-800-332-6347.